

Before submitting your application, please read the [RACGP Reconsiderations and Appeals Policy](#) and the [RACGP Reconsiderations and Appeals Guidance Document](#).

Personal Details

Title	First name	Surname	
Email			RACGP no.
Telephone	Fax number	Mobile number	

What decision are you applying to appeal?

Please explain the reason for your application:

Your request will be put before the RACGP Appeals Committee for consideration and determination. The Appeals Committee will determine whether grounds exist for your request, in line with the [RACGP Reconsiderations and Appeals Policy](#).

Declaration

I have read, understood and agreed to comply with all [RACGP policies](#), and in particular,
i. [RACGP Reconsiderations and Appeals Policy](#)

I certify that the information I have provided in and with this application is correct and complete.

I understand that the submission of plagiarised, false or misleading information will be handled
as per the [Educational Misconduct Policy](#).

I understand that the failure to disclose any restrictions on, or changes to, my medical registration
to the RACGP will be handled as per the [Educational Misconduct Policy](#).

Signature

Date

The RACGP's Privacy Statement reflects Federal and State privacy legislation and is available [here](#).

Applications must be submitted via email to **education.appeals@racgp.org.au** with the following subject line:
Application for appeal — Applicant's surname — Applicant's RACGP no.

Upon receipt of this form an invoice will be issued for payment.

Applications which are incomplete or not submitted according to these guidelines will not be considered.